EXHIBIT 5

POLICY CERTIFICATION

The undersigned, Jaimey Bly, being the Manager of Life Policy Administration of Nationwide Life Insurance Company located in Columbus, Ohio, hereby states that the attached portions of policy number L034804300 insuring the life of Gary H. Lupiloff, constitute a true and accurate copy of said policy.

Jaimey Bly

STATE OF OHIO)) S.S.

COUNTY OF FRANKLIN)

On this 4h day of 2011, before me, a Notary Public in and for the State of Ohio, appeared 5am(4b), known to be the person described herein, and who executed the foregoing instrument and she acknowledged that she voluntarily executed the same.

Notary Public

My Commission Expires: 0.393011



MARGARET MODLICH Notary Public, State of Ohio My Commission Expires 06-22-2011



GUARANTEED TERM LIFE INSURANCE TO AGE 95 POLICY

PLEASE READ YOUR POLICY CAREFULLY

This policy is a legal contract between you and us.

MEMO TO THE POLICY OWNER:

Patricia B. Hatler

Thank you for relying on Nationwide Life Insurance Company.

The protection this policy provides is explained on the following pages. To help us serve you better, please let us know if you change your name or address, or wish to change your Beneficiary.

We agree to pay the Death Benefit to the Beneficiary upon receiving proof that the Insured has died while this policy is in force.

10 DAY RIGHT TO EXAMINE

To be certain that you are satisfied with this policy, you have a 10-day "free look." Within 10 days after you receive the policy, you may return it to our Home Office or to the agent who delivered it. We will then void the policy as if it had never been in force and refund all premiums paid.

If you have any questions about your policy or need additional insurance service, contact your agent or write to our Home Office. When you write to us, please include the policy number, the Insured's full name, and your current address:

Signed at the Home Office of the Nationwide Life Insurance Company, One Nationwide Plaza, Columbus, Ohio on the Policy Date shown on the policy data page.

Secretary

President

Tough of They

Renewable once a year until age 95. Convertible anytime prior to the end of the conversion period, as stated on the policy data pages. Premiums payable during lifetime of insured prior to the end of the term of the policy. Premiums are guaranteed at issue.

Non-Participating - No Dividends.

Life 4608

Nationwide Life Insurance Company

Home Office: One Nationwide Plaza A Columbus, Ohio 43215-2220

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POLICY DATA PAGE

Owner bewent **GARY H LUPILOFF GARY H LUPILOFF**

Policy Number Age Of Insured Sex Of Insured **Rate Type**

L034804300 Male Non-Tobacco

November 28, 2003 Policy Date Initial Face Amount

Standard Premium Class

An initial premium on the premium basis as shown in the application is due as of the policy date. Total initial premiums for the available frequencies of payment are:

Annual \$1,030.00

Sami Annual \$535.60 Quarterly

Monthly

\$272.95

\$91.67

\$500,000

Pramiums are payable to the policy anniversary in the year shown in the schedule below or until prior death of the beuted.

To determine the guaranteed meadmum model premium for any given age, use the annual premium shown and then: 1. multiply by the factor shown at the right: and

Payment Mode Loading **Factor** x .5200 + .00 Semi-annual x .2650 + .00 Quarterly

PAP

x .0890 + .00

2. add the loading

Schadule of Benefits and Annual Premiums

Form Annual Payable To Year Number Benefits Premium 10 YEAR LEVEL GUARANTEED TERM LIFE INSURANCE TO AGE 98 \$1,030.00 2013 4608

TOTAL INITIAL ANNUAL PREMIUM

\$1,030.00

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XLDPOTA

DUPLICATE I

Insured Name
Policy Number L034804300
Policy Data
Age Of Insured
Sex of Insured
Male

GARY H LUPILOFF
L034804300
November 28, 2003
48
Male

10 Year Lavel Guaranteed Term Life insurance to Age 95 - Base Policy

Face Amount -

\$500,000

NOTE: Premium is due at the beginning of each premium payment period (is., Annual, Semi-Annual, Quarterly, Monthly). The premium for the annual premium payment period is disclosed on this page.

NOTE: Conversion may be at any time during the first 5 years, subject to the 'CONVERSION' provision.

POLICY YEAR	AGE	QUARANTEED PREMIUM	POLICY YEAR	AQE	QUARANTEED PREJOUM
.1	46	\$1,030.00	25	71	\$52,915.00
: 2	47	\$1,030.00	27	72	\$58,435.00
, ã	48	\$1,030.00	28	73	\$85,135.00
.4	49	\$1,030.00	29	74	\$72,496.00
5	50	\$1,030.00	30	75	\$80,385.00
8	61	\$1,030,00	31	76	\$88,675.00
7	52	\$1,030 00	32	77	• \$97,365.00
8	53	\$1,030.00	33	78	\$105,480.00
Š	54	\$1,030.00	34	78	\$115,310.00
10	55	\$1,030.00	35	80	\$127,170.00
11	56	\$11,825.00	36	81	\$139,335.00
12	57	312,980.00	37	82 *	\$100,000.00
13	58	\$14,265.00	38	83	\$188,280.00
14	59	\$15,710.00	39	84 .	\$184,685.00
15	60	\$17,320.00	40	85	\$201,930.00
18	81	\$19,110.00	41	88	\$219,760.60
17	62	\$21,175.00	42	87	\$237,915.00
18	83	523,515.00	43	89	\$258,315.00
19	64	\$28, 110.00	44	89	\$275,225.00
20	65	\$28,955.00	45	90	\$294,810.00
21	6 6	\$32,030.00	46	91	\$315,830.00
22	87	\$35,330.00	47	92	\$338,765.00
	88	\$38,918.00	48	93	3365,945.00
.23 24	69	\$42,890.00	49	94	\$402,410.00
26	70	\$47,760.00			-

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DEFINITIONS

ATTAINED AGE: The insured's Attained Age is equal to the insured's age at issue, shown on the policy data page, plus the number of completed Policy Years.

BENEFICIARY: The Beneficiary is the person to whom the Death Benefits are paid when the Insured dies. The Beneficiary is named in the application, unless changed.

COMPANY: The Company is the Nationwide Life Insurance Company. "We," "our," and "us" refer to the Company.

CONTINGENT BENEFICIARY: The Contingent Beneficiary will become the Beneficiary if the named Beneficiary dies prior to the date of the death of the Insured.

CONTINGENT OWNER: The Contingent Owner will become the Owner if the named Owner dies prior to the date of death of the Insured.

DEATH BENEFIT: The Death Benefit means the amount of money payable to the Beneficiary if the Insured dies while this policy is in force.

HOME OFFICE: The Home Office of the Company is at One Nationwide Plaza, Columbus, Ohio.

INSURED: The Insured is the person whose life is covered by this insurence policy and named in the application.

OWNER: The Owner is as stated in the application unless later changed and endorsed on this policy, "You" or "your" refer to the Owner of this policy.

POLICY ANNIVERSARY: A Policy Anniversary is an anniversary of the Policy Date, shown on the policy data page.

POLICY DATE: The Policy Date is the date the policy provisions take effect. It is shown on the policy data page. Policy Years and policy months are measured from the Policy Date.

POLICY YEAR: The Policy Year starts on an anniversary of the Policy Date, and ends on the day prior to the next anniversary of the Policy Date.

GENERAL POLICY PROVISIONS

ENTIRE CONTRACT: The insurance provided by this policy is in return for the application and premiums paid as required in the policy. The policy and a copy of any written application, including any written supplemental applications together make up the entire policy contract. All agreements related to the policy must be on official forms signed by the President or Secretary of the Company. We will not be bound by any promise or representation made by any agent or other persons.

APPLICATION: All statements in an application are considered representations and not warranties. In issuing this policy, we have relied on the statements made in the application to be true and complete. No such statement will be used to void the policy or deny a claim unless that statement is a material misrepresentation.

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SUICIDE: Suicide of the Insured, while sane or insane, within two years after the Policy Date, is not covered by this policy. In that event, this policy will end and the only amount payable will be the return of any paid premiums to the Beneficiary.

INCONTESTABILITY: After this policy has been in force during the lifetime of the Insured for two years from the Policy Date, we will not contest it for any reason except nonpayment of premiums. After any endorsement or rider has been in force as part of the policy during the lifetime of the Insured for two years, we will not contest it for any reason except nonpayment of premium.

ERROR IN AGE OR SEX: If the age or sex of an insured has been misstated, all payments and benefits under the policy will be those which the premiums paid would have purchased at the insured's correct age or sex.

ASSIGNMENT: The Owner may assign all rights under this policy. We will not be bound by the assignment until written notice is received, accepted, and recorded at our Home Office. Assignment will be subject to any amounts owed to us before the assignment was recorded. We are not responsible for the validity of any assignment.

NON-PARTICIPATION: This policy does not participate in our earnings or surplus. This policy does not care dividends.

DEATH BENEFIT PROVISION

We will pay the Death Benefit to the Beneficiary when we receive satisfactory proof that the death of the Insured occurred while this policy was in force. The part of any premium paid past the policy month of death will be added to the amount paid on death. Any amounts owed to us under the Premium Payment Provisions will be deducted from the amount paid on death.

OWNER AND BENEFICIARY PROVISIONS

OWNERSHIP: The Owner has all rights under the policy during the lifetime of the Insured, unless otherwise provided. If the Owner dies before the Insured, the Owner's estate becomes Owner of the policy, unless the Owner has provided otherwise.

The Owner may name a Contingent Owner or a new Owner at any time during the lifetime of the Insured. Any new designation of an Owner will automatically revoke any existing designation. Any request for change must be made in writing and recorded at our Homo Office. It is effective as of the date the written request is signed. It will not apply to any payment made or action taken by us before it was recorded.

BENEFICIARY: The Beneficiary and Contingent Beneficiary on the Policy Date are named in the application. More than one Beneficiary or Contingent Beneficiary may be named. If more than one Beneficiary is designated when the Death Benefit becomes payable, payment to the survivors will be made in equal shares, or in full to the last survivor, unless some other distribution of proceeds is provided.

If any Beneficiary dies or ceases to exist before the Death Benefit becomes payable, that Beneficiary's interest will be paid to any surviving Beneficiaries or Contingent Beneficiaries according to their respective interests, unless you have specified otherwise. If no Beneficiary is living or in existence when the Death Benefit becomes payable, we will consider you or your estate to be the Beneficiary.

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CHANGE OF BENEFICIARY: While the Insured is living, you may change any Beneficiary or Contingent Beneficiary. Any change must be in a written form satisfactory to us and recorded at our Home Office. Once recorded, whether or not the Insured is then alive, the change will take effect as of the date you signed it. It will not affect any payment made or action taken by us before it was recorded. We may require that you send us your policy for endorsement before making a change.

PREMIUM PAYMENT PROVISIONS

Premiums are payable for the term of the policy or until the prior death of the Insured. The full premium is payable in advance, and must be paid when due to avoid loss of coverage or reduced benefits. Premiums are payable at our Home Office or to our authorized representative. The authorized representative will accept premiums and provide an official Company receipt signed by the President or Secretary and countersigned by representative. The first premium is due on the Policy Date shown on page 2. After that, premiums are due once a year, or every six months, or every three months, or once a month, depending upon the frequency of payment chosen by the Owner.

All future premiums are guaranteed. You may change the frequency of future premium payments by written request. The change must conform to premium payment rules we have in effect at that time.

PREMIUM CHANGES: All premiums are guaranteed at issue as stated in the policy data pages. The premiums are level for the period shown on the policy data pages. After the level portion of the policy, the premiums are based on an Attained Age scale and increase every year to age 95.

GRACE PERIOD: If any premium after the first one is not paid when due, a period of 31 days from the due date of the unpaid premium will be allowed for payment. The policy will continue in force during this 31 day period. However, if the Insured dies during this 31 day period, any unpaid premium will be deducted from the Death Benefit. In no event will premiums be charged past the policy month of death. This policy will lapse, without value, if premiums are not paid.

REINSTATEMENT: If this policy lapses prior to the expiration date, you may reinstate it. You must apply in writing within five years after the date the first unpaid premium was due. We must also have evidence of insurability that is acceptable to us. All overdue premiums must be paid with 6% compound interest. Compounding interest is added to the amount owed and begins to bear interest itself during the following year.

CONVERSION

This policy may be converted to a level premium, level benefit, permanent plan of whole life or endowment insurance which is currently being offered by Nationwide. Subject to the Company's approval, the conversion may also be made to certain non-level premium, permanent life insurance policies. Conversion may be at any time prior to the end of the conversion period, as stated on the policy data pages. The following will apply:

- 1. This policy must be in force.
- 2. Conversion must be applied for in writing.
- 3. The Insured's Attained Age must be less than 75.
- 4. Evidence of insurability is not needed.
- The face amount of the new policy may be for an amount up to the face amount of this policy at the time the request for conversion is made, but not less than our published minimum for the plan selected.

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- 6. The new policy must be for a plan of insurance we are issuing on the date of conversion.
- Premiums for the converted policy will not be waived because of any existing disability at the time of conversion.
- 8. Supplemental benefits cannot be added without evidence of insurability and consent of the Company.

The Policy Date of the new policy will be the date of conversion. The premium for the new policy will be based on the same class of risk as this policy and the Attained Age of the Insured on the date of conversion.

The contestable and suicide periods in the new policy will start on the Policy Date of this policy.

POLICY SETTLEMENT

Policy settlement means payment of the Death Benefit when the Insured dies.

Policy settlement may be paid in a lump sum. Options for other methods of settlement are also available. One settlement option or a combination of options may be chosen. A settlement option other than lump sum may be chosen only if the total amount placed under the option is at least \$2,000.00 and each payment is at least \$2,000.00.

While this policy is in force, the Owner may choose, revoke or change settlement options at any time. If no settlement option has been chosen before the Insured has died, the Beneficiary may choose one. If no other settlement option has been chosen, payment will be made in a lump sum.

Settlement options must be chosen, revoked or changed by proper written request. After an option, revocation, or change is recorded at our Home Office, it will become effective as of the date it was requested. We may require proof of age of any person to be paid under a settlement option. Any change of Beneficiary will automatically revoke any settlement option that is in effect.

At the time of policy settlement under any settlement option other than lump sum, we will issue a settlement contract in exchange for the policy. The effective date of the settlement contract will be the date the insured died.

Settlement option payments are not assignable. To the extent allowed by law, settlement option payments are not subject to the claims of creditors or to legal process.

Options 1, 2, 4 and the guaranteed period of Option $\hat{3}$, provide for payment of interest at the rate of 2-1/2% per year. We will determine once a year any interest to be paid in excess of the rate of 2-1/2%.

OPTIONS

- 1. INTEREST INCOME: Any amount payable under this option may be left with us and will receive interest of at least 2-1/2% annually. This interest may be either left to accumulate or it may be paid at the end of every 12, 6, 3, or 1 month interval from the effective date of the settlement contract. Upon receipt of proper written request, the amount left with us may be withdrawn.
- 2. INCOME FOR A FIXED PERIOD: Any amount payable under this option will be paid over the number of years selected. The amount payable monthly for each \$1,000 left with us will be at least as much as the amount shown in the Option 2 Table. If chosen, payments will be made at the beginning of each 12, 6, 3, or 1 month interval, starting with the effective date of the settlement contract. Each payment includes a portion of the amount left with us and interest. Upon receipt of proper written request, the amount left with us may be withdrawn.

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- 3. LIFE INCOME WITH PAYMENTS GUARANTEED: Any amount payable under this option will be paid during the named payer's lifetime. A guaranteed period of 10, 15, or 20 years may be selected. Payments will continue to the end of this period even if the payer dies. The amount payable monthly for each \$1,000 left with us is shown in the Option 3 Table. If chosen, payments will be made at the beginning of each 12, 6, 3, or 1 month interval starting with the effective date of the settlement contract. Amounts left with us under this option may not be withdrawn.
- 4. FIXED INCOME FOR VARYING PERIODS: Any amount payable under this option will be paid in a fixed amount until the amount left under this option, and interest, has been paid. The total amount payable each year may not be less than 5% of the amount left under this option. Interest paid under this option will be at the rate of at least 2-1/2% compounded annually. If chosen, payments will be made at the beginning of each 12, 6, 3, or 1 month interval, starting with the effective date of the settlement contract. Upon receipt of proper written request, the amount left with us may be withdrawn.
- 5. JOINT AND SURVIVOR LIFE INCOME: Any amount payable under this option will be paid and continued during the lifetimes of the named payees, as long as either payee is living. Upon request, the Company will furnish information as to the monthly amounts payable for each \$1,000 of proceeds. (Life Income amounts payable for other combinations of age and sex will be furnished on request.) If chosen, payments will be made jointly at the beginning of each 12, 6, 3, or 1 month interval, starting with the effective date of the settlement contract. Amounts left with us under this option may not be withdrawn.
- 6. LIFE ANNUITY: Any amount payable under this option will be paid during the lifetime of the named payee or the lifetimes of the named payees. The amount payable will be 102% of our current annuity purchase rate on the effective date of the settlement contract. Annuity purchase rates are subject to change. Upon request, we will quote the amount currently payable under this settlement option. If chosen, payments will be made at the end of each 12, 6, 3, or 1 month interval from the effective date of the settlement contract. Amounts left with us under this option may not be withdrawn.

TABLES FOR SETTLEMENT OPTIONS

OPTION 2

Monthly Installments for each \$1,000 of Proceeds
Option 2 - Income for a Fixed Period

Number of Years	Amount of Each	Number of Years	Amount of Each							
Specified	Installment	Specified	Installment							
1	\$84.28	16	\$6.30							
2	42.6 6	17	6.00							
3	28.79	18	5.73							
4	21.86	19	5.49							
1 5	17.70	20	5.2 7							
] 6	14.93	21	5.08							
7 1	12.95	22	4.90							
1 8 1	11.47	23	4.74							
1 9 1	10.32	24	4.60							
10	9.39	25	4.46							
]]]	8.64′	26	4.34							
!2	8.02	27	4.22							
13	7.49	28	4.12							
1 12 1	7.03	29 30	4.02							
13	6.64		3.93							
Annual, semi-annual or	Annual, semi-annual or quarterly payments are 11.865, 5.969 and 2.994 respectively times the monthly installments.									
i	instatu	DČINE"	1							

OPTION 3

Monthly Installments for each \$1,000 of Proceeds Option 3 - Life Income with Payments Guaranteed REFER TO NEXT PAGE

OPTION 5

Monthly Installments for each \$1,000 of Proceeds Option 5 - Joint & Survivor Life Income

M/F	50	55	60	65	70	75	80	85	90	95	100
50	\$2.86	\$2.96	\$3.04	\$3.11	\$3.17	\$3.21	\$3.24	\$3.26	\$3.28	\$3.29	\$3.29
55	\$2.92	\$3.04	\$3.15	\$3.26	\$3.35	\$3.43	\$3.48	\$3.52	\$3.55	\$3.56	\$3.57
60	\$2.96	\$3.11	\$3.26	\$3.41	\$3.55	\$3.67	\$3.77	\$3.84	\$3.88	\$3.91	\$3.93
65	\$3.00	\$3.17	\$3,35	\$3.55	\$3.75	\$3.94	\$4.10	\$4.22	\$4.31	\$4.37	\$4.40
70	\$3.02	\$3.21	\$3.43	\$3.67	\$3.94	\$4.21	\$4.A7	\$4.68	\$4.85	\$4.96	\$5.03
75	\$3.04	\$3.24	\$3.48	\$3.77	\$4.10	\$4.47	\$4.85	\$5.20	\$5.50	\$5.72	\$5.86
80	\$3.05	\$3.26	\$3.52	\$3.84	\$4,22	\$4.68	\$5.20	\$5.73	\$6.22	\$6.63	\$6.92
85	\$3.06	\$3.28	\$3.55	\$3.88	\$4.31	\$4.85	\$5.50	\$6.22	\$6.98	\$7.67	\$8.22
90	\$3.07	\$3.29	\$3.56	\$3.91	\$4.37	\$4.96	\$5.72	\$6.63	\$7.67	\$8.73	\$9.68
95	\$3.07	\$3.29	\$3.57	\$3.93	\$4.40	\$5.03	\$5.86	\$6.92	\$8.22	\$9.68	\$11.16
100	\$3.07	\$3.30	\$3.58	\$3.94	\$4.42	\$5.07	\$5.96	\$7.12	\$8.62	\$10.46	\$12.49

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OPTION 3

Monthly Installments for each \$1,000 of Proceeds Option 3 - Life Income with Payments Guaranteed

Age	of Payor		ramanteed		Age	of Payce	G	inmatee	Period	Age	of Payer Birthday	Gu	iaranteed Year	Period
	Birthday		Year 13	1 20	1 0 0	Birthday	10	Year 1 13	20	- Mai	e Femal	10	1 15	1 20
		نبا	13	1 20	IVALUE	1 Cinero	10	1 15	1 20	1	1 4		 	+
5.8					1	l	1		.	_		1		.
unde	- 1				35	40	\$2.75				70	\$4.3		
6	11	\$2.33			36	41	\$2.78				71	\$4.48		
7	12	\$2.34			37	42	\$2.81				72	\$4.59	3 -	
8	13	\$2.35			38	43	\$2.83				73	\$4.71	1 '	
9	14	\$2.36	\$2.36	\$2.36	39	44	\$2,86	\$2.86	\$2.85	69	74	\$4.83	\$4.63	\$4.40
									-				.,	
10	15	\$2.37			40	45	\$2,89				75	\$4.96		
11	16	\$2.38	\$2.38	\$2.38	41	46	\$2.92				76	\$5.10		
12	17	\$2.39	\$2.39	\$2.39	42	47	\$2.96		\$2.94		77	\$5.24		
13	18	\$2.40			43	48	\$2.99	\$2.99	\$2.97		78	\$5.39		
14	19	\$2.41	\$2.41	\$2,41	44	49	\$3.03	\$3.02	\$3.01	74	79	\$5.55	\$5.18	\$4.75
15	20	\$2,42	\$2.42	\$2,42	45	50	\$3.07	\$3.06	\$3.04	75	80	\$5.71	\$5.29	\$4.81
16	21	\$2.43	\$2.43	\$2.43	46	51	\$3.11	\$3.10	\$3.08	76	81	\$5.87	\$5.40	\$4.87
17	22	52.44	\$2.44	\$2,44	47	52	\$3.15	\$3.14	\$3.12	77	82	\$6.05	\$5.51	\$4.92
18	23	\$2.46	\$2.45	\$2.45	48	53	\$3.19	\$3.18	\$3.16	78	83	\$6.22	\$5.61	\$4.97
19	24	\$2.47	\$2.47	52,46	49	54	\$3.24	\$3.22	\$3.20	79	84	\$6.40	\$5.72	\$5.02
		***************************************	**********											
20	25	\$2.48	\$2,48	\$2.48	50	55	\$3.29	\$3.27	\$3.25	80	85	\$6.58	\$5.82	\$5.06
21	26	\$2.49	\$2.49	\$2,49	51	56	\$3.34	\$3.32	\$3.29	81	86	\$6.77	\$5.91	\$5.10
23	27	\$2.51	\$2.51	\$2.50	52	57	83.39	\$3.37	\$3.34	82	87	36.96	36.00	33.13
23	28	\$2.52	\$2.52	\$2.52	53	58	\$3.45	\$3.42	\$3.39	83	88	\$7.14	\$6.09	\$5.16
24	29	\$2.54	\$2.54	\$2,53	54	59	\$3.50	\$3.48	\$3.44	84	89	\$7.33	\$6.16	\$5.18
25	30	\$2.55	\$2.55	\$2.55	55	60	\$3.56	\$3.53	\$3.49	85	90	\$7.51	\$6.24	\$5.21
26	31	\$2.57	\$2.57	\$2.57	56		\$3.63	\$3.59	\$3.54	86	91	\$7.69	\$6.30	\$5.22
27	32	\$2.59	\$2.59	\$2.58	57	62	\$3.69	\$3.66	\$3.60	87	92	\$7.87	\$6.36	\$5.24
28	33	\$2.61	\$2.60	\$2.60	58	- 4	\$3.76	\$3.72	\$3.66	88	93	\$8.03	\$6.41	\$5,25
29	34	\$2,62	\$2.62	\$2.62	59	64	\$3.84	\$3.79	\$3.72	89	94	\$8.19	\$6.46	\$5.26
30	35	\$2.64	\$2.64	\$2.64	60	65	\$3.91	\$3.86	\$3.78	90	95	\$8.34	\$6.50	\$5.26
31	36	\$2.66	\$2.66	\$2.66	61	66	\$3.99	\$3.93	\$3.84	91	96	\$8.48	\$6.53	\$5.27
32	37	\$2.68	\$2.68	\$2.68	62	67	\$4.08	\$4.01	\$3.91	92	97	\$8.61	\$6.56	\$5.27
33	38	\$2.71	\$2.70	\$2.70	63	68	\$4.17	\$4.09	\$3.98	93	98	\$8.73	\$6.58	\$5.27
34	39	\$2.73	\$2.73	\$2.72	64	69	\$4.27	\$4.18	\$4.05	94	99	\$8.84	\$6.60	\$5.27
[- 1	ı	- 1	- 1	1	1	-	1	Į.	95 &	100 &	į]	1
			1		L					over	over	58.Y4	\$6.61	3 5.27

If the income payable for a specific guaranteed period is equal to that for other guarantee periods the longer period will be deemed to have been elected.

Life 4608

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NATIONWIDE LIFE INSURANCE COMPANY ENDORSEMENTS (Endorsements may be made only by the Company at the Home Office) Life 4608

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PART B	<u> </u>							<u> </u>		
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PART C . 18. YAXPAYER IDENTIFICATION HUM	REA		
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that murber, you may be subject to a \$50	med. (For most individuals, this is their Social Securit penalty imposed by the Internal Revenue Service. In	addition, we will be forced in within	Ad 31% from interest 2
and other payments we make to you fund	ust landdible ne fon at fi fighiblioddiw gwhad as asw	since the amount withheld may be	applied against any
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AMENDMENT OF APPLICATION FOR INSURANCE TO NATIONWIDE LIFE INSURANCE COMPANY COLUMBUS, OHIO 43215

I hereby amend my application for insurance to the Nationwide Life Insurance Company on the life of Gary Lamiloff dated November 11, 2003 as follows:

The policy was issued with Non-Tobacco rates.

RETURN ORIGINAL SIGNED COPY TO NATIONWIDE

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Ø.	Mei To: Nationwide Life Insur					MEDICAL EXAMINATION
	☐ Hationwide Life and A	LI/BOLL, 1-11-08	ipany □ Group			(Part 2 of an application to
11.		lationwide Plaza	P.O. Box 8026			Netlorwide Insurance
12.		bus, OH 43215-2220	Dublin, OH 43016	-9902		for Life or Health Insurance)
	1-866-678-LIFE (5433)					Total and the second
Name	of Proposed Insured (please print)	2	Social Security No)		Date of Birth
	Come Horrow Lucillat	7		(63		
Physi	isns: Include both primary care and specialists an	date last consulted. ()	f more than two phys	scen	s, ind	icate so under "datada".)
Name	Dr. Victor C. Garden	N	ame			
Addre	20: = 2/0 = 0.4		ddress		\geq	
Telep	0110	1	elephone			
Mark	al specialty Phys. Madressa & R	deda	Aedical speciality			
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b.	irregular heart beet, palpitations, high blood pressu	ne, high cholesterol, or l	tigh trighycerides?		ш	
C.	Heart catheterization, abnormal electrocardiogram, surgery, or angioplasty?	or either cardiac 1961, C	Pronery bypass		K	
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b.	Thyroid, adrenal, parathyroid, pituitary, or other gla	ndular disorder?			ď	
48.	Cancer, leukemia, lymphoma or any malignant or b	enign bumor, cyst, or po	lyps?		Ø	
b.	Any abnormal screening tests for cancer including I mammogram, or PAP ameans?	PSA (prostate specific a	niigen),		Ą	
5.	ARDS (Assurant Immune Deficiency Syndrome), or	received positive results	of an HIV (Human	П	ď	
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	other risorder of the red blood cells, platelets, or d	olling factors?	*******************		R	
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	retardation, carebral palsy, multiple sciencels, Alzhe disease), or any other symptoms or disorders of the	amers aleessa, ALD (L) noones or broin?	M GRIDS		M	
0-	disease), or any other symptoms or casulosis or the Asthma, emphysema (COPD), tuberculosis, or chro	vic honchilla?		ū	Z.	
08. L	Assima, emphysiana (COPD), abacticosa, or directions an abnormal ches	i X-ray or other kunn die	sass or disorder?			
D. Qa	Hour Intentional Mandian, advantative coliffe, Crohn's	disease, diverticulitie, h	ernia, or any other			
	disorder of the esophagus, stomach, or intestines?				ď	
b.	Jaunetica, cirrhosis, hecalitis, or any disease of the	liver, pancreas or gall b	laddar?		Ø	
10a.	Sugar, protein, or blood in the urine, iddney stone,	piomenulonephrida, or hi	story of	_	1	
	nephreciomy?		*****	7		
b.	Other disorders of the kichey, bladder, urelar, urela	ra, or any part of the un	nary system?			
118.	Reproductive system including uterine fibroids, end	omernosis, or oversen o	(SHEETEE A			
b.	Prostate enlargement, prostate cancer, testicular m	856, OF 96XU26Y GRANSIN -2	LICH UMARMUS!	0		7
C.	Other disorder of the reproductive organs or breast	5 (and the and a	or hade inchaling	u	_	
	Disorder of the muscles, joints, bones, tendons, ligare arthritis, fracture, chronic pain, or herniated disc, ch	ronic taligue syndrome,	or noromyalgia (0	5	
13.	Disease of eyes, ears, nose, or throat?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ןמ	
14a.	Prochetorical or asychiatric disorders including dec	ression, bipolar disorda	r, obsessive		1	
	compulsive disorder, schizophrenia, atlention defici	i diborderb, affective dis	OTUBES, BEISING	П		
	disorder, or any other mental or behavioral disorder	UT (8308301	pperson a trap p a derive is a law resident and the			
b.	Alcoholism, drug dependency or addiction?	i fieled about?	-4-2			•
15.	Any other mental or physical disease or disorder no	R 8580 200V0 /		ч.		/haman
L-459	3-21 Name or county to state t	Page 1				(04/2002)

Nati		de Life Insurance Company and Annuity insurance Co		MEDICAL EXAMINATION (Part 2 (continued) of an application to Nationwide Insurance for Life or Heelth Insurance)							
-		saet 10 years:				Yas	_				
	Seen a patie	ant (including oulpation) in a ity?		n facility, or o	ther						
b.		r been referred to any physici			**************		TI.				
G.		d to have surgery, hospitaliza					ď				
17a.		o? (If yes, specify dates and				0	Ø	,	1		
b.	Used alcoho	dic beverages? (If yes, how i	nuch, what kind (beer, wine,	liquor), how	often?)	र्छ		occasional-soc	(27)		
		gal, restricted, or controlled su		l by a physic			ď				
18.	Requested of	r received a pension, banafits, o	or payment because of injury, s	sicionese or die	ability?	. 🏻	Œ				
ADDI	TIONAL SPA	ICE FOR DETAILS OF YES	ANSWERS. (Identify quastic	on number.)							
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19.	Living	Health Concerns Cause of Death		Brother or Sister?	Living		Н	lealth Concerns or Cause of Death	Age or Age at Destin		
Father	YW	t auk			KYN						
FOIR	1 6	CEOPANIS	3 79		NG						
Mother	DIN		]		YN				<del>_</del>		
Other 6		حمدال فحمد معامات فاتس	a acces liking disease of	ان و ال معالم		2		<del></del>	<del></del>		
CURE R	erany membe	ra with diabetes, heart diseas	e, Carloer, Murey Ossesse Or	OTHER PRINCIPAL	SULED CONTURES	J(59) /		<del></del>			
		···	··					<del></del>			
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		nd answers on this form are									
		o be the basis for any insura									
Incorces	or meacasy	related facility; any insuran rof any gitter person who is	CB COMPBNY, USE MEDICAL II	MORNATION LI	uramu; or a	ny oen	er or	genization, installatin, o	r person who has		
Contest	w. or its min	sureps. This authorization, or	n conv of it, will be valid for a	s owned of no	t more than		(30)	months from the date it w	na cie revisio		
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Signed	his day	11/20		200							
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		Signature of Medical Est	miner			gnat	ire d	Proposed (alleged	V		
-4893-2	ч	71 /		2							
	.,	/ ) *	Rage	2							

### 20. AGREEMENT, AUTHORIZATION AND SIGNATURES

I have read this application. I understand each of the questions. All of the answers and statements on its stome are complete and true to the best of my knowledge and belief. I understand and agree that

- A This application, any amendments to A, and any related medical examinations will become a part of the Policy and are the basis of any insurance issued upon this application.
- B. No medical examiner, producer or other representative of Neisonwide may accept ricks or make or change any contract, or wave or change any of the Company's rights or requirements.
- C If the full first premarm payment is made in exchange for a Temporary Insurance Receipt, Nationaide will only be heble to the extent set forth in that recent
- D. If the full first premium is not paid with this application, then insurance will only take effect when all of the following conditions are met:
  - t. a Policy is issued by Nationwide and is accepted by me; and
  - 2. the full first premium is paid, and
  - all the answers and statements made on the application, medical examination(s) and amendments continue to be true to the best of my knowledge and belief.

The applicant has a right to cancel this application at any time by contacting their agent or Nationwide in writing. There received the pre-notice form of the Fair Credit Reporting act of 1970 and the Modical Information Bureau disclosure form, I certify that the Social Security Number garen is correct and complete.

I authorize any icensed physician or medical practitionar, any hospital, chinc, pharmacy or other medical or medically related facility, any insurance company, the Medical Information Bureau, or any other equivalent, entitients or person who has increledge of me, to give that information to the Medical Director of the Nationande Life Insurance Company/histonavide Life and Annualy Insurance Company, or its reinsurers, for the purpose of underwining my application in order to determine eligibility for Life Issurance and to investigate claims. By my signature below, I acknowledge that any agreements I have node to restrict my protected health information do not apply to this authorization; and I instruct any physician, health care provider to release and disclose my entire medical record without restriction. I understand that any information. This authorization may be reductived and no longer be covered by faderal nules governing provider and confidentiality of health information. This authorization, or a copy of it, will be said for a period of not more than two and one-half years (30 months) from the date it was signed. Lundentiand that I have the right to revoke this authorization in writing, all engines, by studing a written request for revocation to Nationalide Life insurance Company/Nationalide Life and Annually Insurance Company, Altreton. Understand that a revocation is not elected to the autentit that any of my provides have relied on the authorization, or to the extent that Nationarde Life insurance Company/Nationade Life insurance Company has a legal right to contest a clause under an insurance policy or to contest the policy steal. I further understand that if I relies to sign this organization to release my complete medical records. Nationarde Life Insurance Company/Nationalide Life and Annually Insurance Company has a legal right to contest a clause under an insurance policy or to contest the policy steal. I further understand that if I relies to sign this organization to release my complete medical

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Signed at Birmington, Michigan	October	2003				
Carly State 3	Monty/Day 3	Year				
I have truly and accurately recorded all Proposed Insured's answers on this application and have witnessed historitheir signature(s) himson	Coory Harman Lucil	tt.				
To the best of my knowledge, the insurance applied for 🖾 will. 🔀 will	Name of Proposed Insured (please )vist)					
not (CHECK ONE) replace any tie assurance, and/or ennuity		<i>y</i> .				
MARY E. REICH	Signature of Proposed Discussion (or parent of Proposed Insured in under to	ي				
Producer's Hame (please print)	(or beach a subcaso surren in most sh	10)				
- 100 g & R						
Producer's Separture	Name of Joint/Spoose Proposed Insured (ples	se print)				
REACH LOSS 21:0024503	Signature of Joint/Spouse Proposed Insured (if to	be insured)				
Firm Producer's Heliconnecle Number	,	••••••				
0499	Separate of Applicant/Owner (If other time the	histores/)				
Social Security Humber						
-	Signature of Payor (if other than the linsured)					
<u> </u>						

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## **GUARANTEED TERM LIFE INSURANCE TO AGE 95 POLICY**

Renewable once a year until age 95.

Convertible anytime prior to the end of the conversion period, as stated on the policy data pages.

Premiums payable during lifetime of Insured prior to the end of the term of the policy.

Premiums are guaranteed at issue.

Non-Participating - No Dividends.

Life 4608